

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH.

State File No. 133
Registered No. 373

1. PLACE OF BIRTH

County Gila State Arizona

District or Township

City Miami No. 409 Skyline Trail St. W

2. Full name of child Rogue Perez
(If birth occurred in a hospital or institution, give its NAME instead of street and number. If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Aug. 16-198
Month Day Year

8. FATHER Full name Fidencio Perez 14. MOTHER Full maiden name Luisa Guerrero

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 35 (Years) 16. Color or race Mex. 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Jalisco, Mex. 18. Birthplace (city or place) Tordaburg, New Mex.
(State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother 6 (a) Born alive and now living 6 (b) Born alive but now dead. (c) Stillborn. 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *
I hereby certify that I attended the birth of this child, who was born alive at 7:20 A.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown M.D. Physician (Physician or midwife).

Given name added from a supplemental report. Address Miami, Arizona
Month, day, year Aug 31, 198
Registrar. Filed B. E. Jones Registrar.

979-814-379